

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G626		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/13/2011	
NAME OF PROVIDER OR SUPPLIER PEAK COMMUNITY SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1141 19TH ST LOGANSPOUT, IN46947			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of survey: September 12 and 13, 2011</p> <p>Surveyor: Kathy Craig, Medical Surveyor III</p> <p>Facility Number: 001188 Provider Number: 15G626 AIMS Number: 100235380</p> <p>These deficiencies also reflect state findings under 431 IAC 1.1. Quality Review completed 10-4-11 by C. Neary, Program Coordinator.</p>			W0000			
W0227	<p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client #3) for not incorporating an oral hygiene goal into his program following dental recommendations.</p> <p>Findings include:</p> <p>Review on 9/13/11 at 11:15 AM of client #3's records was conducted. Client #3's most recent dental exam dated 3/29/11,</p>			W0227	<p>Peak Community Services is committed to ensuring that client needs are met as identified by the comprehensive assessment.</p> <p>Oral hygiene monitoring program has been put in place for client #3. Goal included.</p> <p>The QMRP and Site Coordinator will review each client's medical reports to find areas of need and new goals will be developed for any areas identified that do not currently have goals.</p> <p>When new recommendations are</p>		10/16/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0322	<p>indicated client #3 had heavy plaque, tartar, and bleeding. The dentist recommended client #3 needed to brush at least twice daily. Client #3's ISP (Individual Support Plan) dated 8/23/11 did not include an oral hygiene goal.</p> <p>Interview on 9/13/11 at 2:00 PM with QMRP (Qualified Mental Retardation Professional) #1 was conducted. QMRP #1 indicated client #3 did not have an oral hygiene goal.</p> <p>1.1-3-4(a)</p>		W0322	<p>made by medical professionals, the QMRP and Site Coordinator will develop and implement goals to address the area of need. Person Responsible: Trena Anderson, QMRP Terry Dillman, Site Coordinator</p>		10/16/2011	
	<p>The facility must provide or obtain preventive and general medical care.</p> <p>Based on record review and interview, the facility failed for 2 of 3 sampled clients (clients #1 and #3) by not ensuring they both had a PSA (Prostate lab test) after the age of 50.</p> <p>Findings include:</p> <p>Review on 9/13/11 at 10:05 AM of client #1's records was conducted. Client #1's ISP (Individual Support Plan) dated 5/24/11 indicated he was over 50 years of age. At his annual physical exam dated 4/20/11, the physician did not indicate if he checked client #1's prostate and did not recommend a PSA test. There was no indication in client #1's records that he</p>			<p>Peak Community Services is committed to ensuring that client medical care needs are met. Staff have spoken with client #1 and client #3 Primary Care Physicians to request PSA tests for these gentlemen as a preventative measure. Client #3 had a PSA test completed on 11-09-10. He had an appointment with his Primary Care Physician on 10-10-11 where a PSA discussion was held. Since a PSA test was completed on 11-09-10, another one is not recommended until after 11-09-11. The Site Coordinator will schedule that November appointment. The 11-09-10 PSA document is included. Client #1 has an upcoming appointment with his</p>			

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	<p>ever had a PSA after age 50. Client #1's records indicated he had colon cancer in his history and has colon cancer screenings regularly but not a PSA. There was no preventative guidelines evident in client #1's file.</p> <p>Interview on 9/13/11 at 10:20 AM with QMRP (Qualified Mental Retardation Professional) #2 was conducted. She indicated they didn't have preventative guidelines. She indicated client #1 has not had a PSA and they go by what the doctor says. She indicated client #1 had colon cancer screenings regularly because he had colon cancer.</p> <p>Review on 9/13/11 at 11:15 AM of client #3's records was conducted. Client #3's ISP dated 8/23/11 indicated he was over 50 years of age. At his annual physical exam dated 4/7/11, the physician did not indicate if he checked client #3's prostate and did not recommend a PSA test. There was no indication in client #3's records that he ever had a PSA after age 50. There was no preventative guidelines evident in client #3's file. There was no IDT (Interdisciplinary Team) meeting notes evident in client #1 and #3's files discussing their need for a PSA.</p> <p>Interview on 9/13/11 at 12:35 PM with QMRP #2 was conducted. The QMRP #2</p>				<p>Primary Care Physician on 10-19-11 to discuss having a PSA done. Client's physicians will be prompted to complete regular medical testing as indicated by age or diagnosis. Site Coordinator will address these issues when annual physicals are performed with clients. The QMRP will follow-up to assure the regular medical testing is addressed and documented. Person Responsible: Trena Anderson, QMRP Terry Dillman, Site Coordinator</p>		

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W0346	<p>indicated client #3 did not have a PSA and the IDT had not met regarding this issue for clients #1 and #3.</p> <p>An internet search on 9/13/11 at 1:00 PM was conducted. On the CDC (Centers for Disease Control) website, www.cdc.gov/diseasesconditions, indicated "Men have a greater chance of getting prostate cancer if they are 50 years old or older...." CDC recommends the patient should be informed of the risks and benefits of prostate cancer screening and then be able to make the decision on whether to get a PSA.</p> <p>1.1-3-6(a) If the facility utilizes only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Based on record review and interview, the facility failed for 6 of 6 clients who resided in the group home (clients #1, #2, #3, #4, #5, and #6) by not having a registered nurse (RN) on staff in which to consult.</p> <p>Findings include:</p> <p>Interview on 9/13/11 at 10:45 AM with QMRP (Qualified Mental Retardation Professional) #1 was conducted. QMRP</p>		W0346	<p>Peak Community Services is committed to ensuring that if we utilize only licensed practical or vocational nurses to provide health services, it must have a formal arrangement with a registered nurse to be available for verbal or onsite consultation to the licensed practical or vocational nurse.</p> <p>Peak Community Services CEO is actively recruiting for a registered nurse to be available for verbal or onsite consultation to the LPN. Director of Operations</p>		10/16/2011	

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	<p>#1 indicated there was an LPN (Licensed Practical Nurse) on staff but they do not consult with an RN (Registered Nurse) at this time.</p> <p>Interview on 9/13/11 at 2:10 PM with the facility nurse was conducted. The nurse stated she was "not sure if they [clients #1 and #3] had a PSA." The nurse indicated she wasn't sure if they had preventative guidelines. The nurse stated she does assessments on the clients but "not sure on the nitty gritty details" of the clients. The nurse indicated she was an LPN and that the agency did not have an RN on staff at this time.</p> <p>1.1-3-6(a)</p>				<p>and Human Resources Director is actively recruiting for a registered nurse, having made several inquiries in the area. Several contacts have been made and meetings have been held.</p> <p>Person Responsible: Don Weikle, CEO Kathi Thompson, Director of Operations Stephanie Hoffman, Human Resources Director Kris Myers, SGL Manager</p>		